

**Clinical Practice Advisories: January 2010- November 2010**

<b>Board Advisory Date:</b>	
January 21, 2010	
Clarification of December 15, 2009, board opinion with regard to cerumen removal from ears using instrumentation	<p>Question: On December 15, 2009 the board reviewed the following question: <b>Is it within the scope of practice for an RN to extract cerumem from ears using instruments such as, ear speculums, ear loops, small alligator forceps, and possibly suction?</b> The board opined that: <b>it is not within the RN scope to remove ear wax via instrumentation.</b></p> <p>The request is for clarification of this opinion with specific focus on the “possibly suction” statement noted in the original question.</p> <p>The Board reaffirmed its opinion that it is not within the RN scope to remove ear wax via instrumentation such as ear loops or small alligator forceps. Irrigation and suctioning to remove ear wax is within RN and LPN scope of practice.</p>
January 21, 2010	
Instillation of BCG into the renal pelvis	<p>Question: Can nurses RN’s give BCG through a nephrostomy tube in the renal pelvis for renal cell ca in upper urinary system with a non FDA approve indication but data and case studies support it. BCG is usually given in bladder by LPN’s. This patient has no bladder.</p> <p>Answer: The Board opined that it is within RN scope of practice to instill BCG into the renal pelvis provided they have the necessary education and competencies and there is a facility policy that supports this practice.</p>
February 18, 2010	
	<p>Question: What is the Board of Nursing expectation with regard to the dates of texts being used for educational purposes?</p> <p>Answer: The Board reaffirmed that textbooks for board-approved nursing and nursing assistant classes must have been published within 5 years and contain current information.</p>

March 18, 2010 Removal of foley catheters by LNA's	<p>Question: Can LNA's remove foley catheters?</p> <p>Answer: The Board opined it is with the LNA scope of practice to remove foley catheters provided they have the necessary education and competencies and there is a facility policy that supports this practice.</p>
March 18, 2010 Replacement of a suprapubic catheter by an RN	<p>Question: can a nurse replace a suprapubic catheter?</p> <p>Answer: The Board opined that it is within RN scope of practice to replace a suprapubic catheter provide the following conditions are met:</p> <ul style="list-style-type: none"> <li>➤ Replacement can only occur into a healed well established open pathway.</li> <li>➤ Replacement catheter can only be a balloon-type indwelling catheter.</li> <li>➤ Size of replacement catheter and balloon in specified in the physician's order.</li> </ul>
March 18, 2010 Priming of IV's by LNA's	<p>Question: Can LNA's prime IV tubing that isn't connected to patients, both "plain IV" solution and IV solution with K?</p> <p>Answer: The Board reaffirmed its December 17, 2009 decision that this is not with the LNA scope of practice.</p>
March 18, 2010 Clarification/position around off label use of drugs	<p>Question: What is the Board of Nursing position on the RN role of administering off label drugs?</p> <p>Answer: The Board remains silent on this issue.</p>
March 18, 2010 Instillation of medication into the renal pelvis by an LPN?	<p>Question: Is it within the scope of practice of an LPN to instill medications into the renal pelvis via a nephrostomy tube?</p> <p>Answer: The Board opined that this is not within the scope of practice of an LPN.</p>
March 18, 2010 In office percutaneous implantation of wire electrode for sacral nerve stimulation testing	<p>Question: In a urology practice, is it within the scope of practice of APRN to perform in-office percutaneous implantation of wire electrode for sacral nerve stimulation testing?</p> <p>Answer: The Board opined that this is within the APRN scope of practice.</p>
March 18, 2010 APRN dermatology age related scope of practice	<p>Question: I am an Adult certified APRN with further training, experience and certification in dermatology which included all age groups. Can I care for patients of all ages in dermatology?</p>

	<p>Answer: APRN scope of practice is determined by basic educational preparation, national certification and demonstrated competence, all three of which must be congruent. Therefore, this is not within Adult APRN scope of practice..</p>
<p>March 18, 2010 APRN prescription of clomid</p>	<p>Question: Does a physician have to co-sign APRN prescription for clomid? Is this a formulary restriction?</p> <p>Answer: The formulary with the Joint Health Council was repealed in 2009. There is no need for physician signature on APRN clomid prescription.</p>
<p>April 15, 2010 Performance of thermography by RN's</p>	<p>Question: Is it within the scope of practice to perform thermography?</p> <p>Answer: The board opined that it is not specifically within the scope of RN practice to perform thermography.</p>
<p>April 15, 2010 APRN as principal investigator of IND/Phase II clinical trial</p>	<p>Question: Can APRN be principal investigator of IND/Phase II clinical trial without supervision/involvement of physician, medical practice, or hospital?</p> <p>Answer: This is within APRN scope of practice.</p>
<p>April 15, 2010 Co-signature for clomid</p>	<p>Question: Does physician have to co-sign APRN prescription for clomid? Is this a formulary restriction?</p> <p>Answer: APRNs do not need physician co-signature for clomid prescription.</p>
<p>May 20, 2010 APRN Scope of Practice</p>	<p>Question: I am an Adult certified APRN with further training, experience and certification in dermatology which included all age groups. Can I care for patients of all ages in dermatology?</p> <p>Answer: The board reaffirmed its March 18, 2010 answer which states, APRN scope of practice is determined by basic educational preparation, national certification and demonstrated competence, all three of which must be congruent. Therefore, this is not within the Adult APRN scope of practice.</p>

<p>June 17, 2010 Bravo Capsule (revisited)</p>	<p>Question: The Board has been asked to revisit their December 17, 2009 decision that it is not within the RN scope of practice to independently deploy and place Bravo capsules.</p> <p>Answer: The decision was made to uphold the previous opinion of December 17, 2009, that states: It is within the scope of practice to assist the provider as the provider places the Bravo capsule.</p>
<p>July 15, 2010  APRN age related scope of practice</p>	<p>Question: I am an Adult certified APRN with further training, experience and certification in dermatology which included all age groups. Can I care for patients of all ages in dermatology?</p> <p>Answer: Based on RSA 326-B:11 (NH Nurse Practice Act), the Board unanimously reaffirmed its two earlier opinions (March and May 2010) on dermatology age related scope of practice. APRN scope of practice is determined by basic education preparation, national certification and demonstrated competence, all three of which must be congruent. Therefore, all age group practice is not within the adult certified APRN scope of practice.</p>
<p>August 19, 2010 Intranasal Midazolam</p>	<p>Question: Can a school nurse (registered nurse) or his/her designee administer a physician ordered off label drug, Intranasal Midazolam to a child if the following is in place?</p> <ul style="list-style-type: none"> <li>➤ A physician signed medical order for the administration of Midazolam that has the specification of dose, route, and conditions by which the drug Midazolam would be given to a specific child.</li> <li>➤ A specific procedure that accompanies the medical order to guide the safe administration of the drug Midazolam to the child. This would include indications, directions for preparation of the drug for administration, supplies necessary for administration, conditions necessary for the storage of the medication and possible side effect to watch for.</li> </ul> <p>There is a reasonable amount of medical research and professional experience provided that indicates Midazolam can safely and therapeutically treat a child having a seizure in the pre hospital setting.</p> <p>The P&amp;E committee's recommendation was to address the use of off-label drugs versus each individual drug that may come under this classification, such as Midazolam. Based on this</p>

	<p>the following answer was provided.</p> <p>Answer: The board opined the following based on the knowledge that <b>the professional standard for off-label prescription is; the unapproved use of a legal drug must be based on reasonable medical evidence with the same judgment as exercised in medical practice in general.</b></p> <p>It is within the scope of practice for a nurse to administer off label medications and she/he is responsible and accountable for the components of medication administration which include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>➤ Preparing and giving medications in the prescribed dosage, route, and frequency</li> <li>➤ Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy</li> <li>➤ Intervening when emergency care is required as a result of drug therapy</li> <li>➤ Recognizing accepted prescribing limits and reporting deviations to the prescribing individual</li> <li>➤ Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual</li> <li>➤ Providing patient education.</li> </ul> <p>Additionally facilities/organizations should determine, in an established written policy, the drugs that may be administered in a setting. This determination should be based upon, but not limited to, the training and skill of the nurse, resources available, access to emergency medical services and other interventions that could be instituted.</p>
August 19, 2010 Fecal disimpaction	<p>Question: Can an RN conduct manual disimpaction of fecal material with and/or without a physician's order?</p> <p>Answer: The board opined that it is within the scope of practice of the licensed nurse to perform manual disimpaction. Furthermore facility policy should dictate those circumstances that would necessitate a physician's order.</p>
August 19, 2010 Placement of a laparoscopic trocar by an RNFA	<p>Question: Is it within the RNFA's scope of practice, under the direct supervision of the surgeon, to place a laparoscopic trocar in the surgical patient?</p> <p>Answer: The board opined that it is not within the scope of practice for an RNFA to place a laparoscopic trocar in the surgical patient.</p>
September 16, 2010 LPN scope of practice with femoral line infusions.	<p>Question: Is it within the LPN scope of practice to initiate femoral pumps under the direction of anesthesia?</p>

	<p>Answer: The board opined that this is not within the LPN scope of practice.</p>
September 16, 2010	<p>Question: Is it within the RN scope of practice to prime, program, connect, and initiate an epidural infusion of a postoperative postpartum patient?</p> <p>Answer: The Board reaffirmed previous advisory (see Analgesia/Anesthesia FAQ) and opines this question needs review and determination for its practice at the facility level.</p>
September 16, 2010	<p>Question: Is it within the scope of practice of geriatric nurse practitioner to open an office to provide specialty services in psychiatric/mental health?</p> <p>Answer: The provision of psychiatric/mental health nursing services in an office is not within the scope of practice of geriatric NP as this would be beyond the scope of primary geriatric care. Continuing education does not expand scope of practice.</p>
October 21, 2010	<p>Question: Can an APRN, certified as Adult Psychiatric/Mental Health NP, administer botox injections to a separate group of patients in a different clinical setting after successfully completing a training program and obtaining certification to administer botox?</p> <p>Answer: The administration of botox injections would not be within the scope of practice of psychiatric/mental health NP as it is not within the population focus of that national certification. Continuing education does not expand APRN scope of practice.</p>
October 21, 2010	<p>Question: As an APRN (FNP) is it within my scope of practice to administer joint injections in an orthopedic setting after training by my colleagues?</p> <p>Answer: This is within the scope of APRN with appropriate training and demonstrated competency in the procedures and within the appropriate population foci.</p>
November 18, 2010 False labor discharge	<p>Question: Is it within the RN scope of practice to certify false labor and discharge the patient?</p> <p>Answer: The Board reaffirms that the provider will determine competent nurses who can act as the QMP (qualified medical personnel) to certify False labor and discharge of the patient</p>

	following facility policies and procedures that support the practice.
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